

# PART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

<b>1. CORRESPONDENCE ADDRESS</b>  <div style="text-align: right;">12M2/0617</div> ANDRUS SCEALES STARKE AND SAWALL 100 EAST WISCONSIN AVENUE SUITE 1100 MILWAUKEE WI 53202		<b>2. INVENTOR(S) ADDRESS CHANGE</b> (Complete only if there is a change) INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code <input type="checkbox"/> Check if additional changes are on reverse side	
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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
00/502,200	07/19/95	011	SPIVACK, P	1205 06/17/96

First Named Applicant: DELUCA, HECTOR R.

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**01**

TITLE OF INVENTION  
PREVENTION OF HYPERPHOSPHATEMIA IN KIDNEY DISORDER PATIENTS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 1256 00510	E14 157.000	B10	UTILITY	NO	\$1250.00	09/17/96

<b>3. Correspondence address change</b> (Complete only if there is a change)	<b>4. For printing on the patent front</b> page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
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1 **ANDRUS, SCEALES, STARKE & SAWALL**  
2 \_\_\_\_\_  
3 \_\_\_\_\_

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820 TO 01-2010 09/11/96 08502298  
82349-142 \$1,250.00CH  
82349-561 30300CH

<b>5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT</b> (print or type) (1) NAME OF ASSIGNEE: <u>Wisconsin Alumni Research Foundation</u> (2) ADDRESS: (CITY & STATE OR COUNTRY) <u>Madison, WI</u>		<b>6a. The following fees are enclosed:</b> <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies: _____ <b>6b. The following fees should be charged to:</b> DEPOSIT ACCOUNT NUMBER <u>01-2010</u> (ENCLOSE PART C) <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>10</u> <input type="checkbox"/> Any Deficiencies in Enclosed Fees	
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A. ☐ This application is NOT assigned.  
☒ Assignment previously submitted to the Patent and Trademark Office.  
☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.  
**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <u>August R. Sawall</u>	(Date) <u>8-29-96</u>
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NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE